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Review of *Diagnosing Desire: Biopolitics and Femininity into the Twenty-First Century* by Alyson K. Spurgas (The Ohio State University Press)

by Sophie Webb | Book Reviews, Issue 10.2 (Fall 2021)

ABSTRACT In *Diagnosing Desire*, Alyson K. Spurgas examines female sexual dysfunction, specifically low desire in women, and refuses to take anything for granted. One part history of modern sexology and one part feminist critique of the biopolitics engendered by sex research, Spurgas uses anti-racist, queer, disability studies, and trauma-informed theories to argue that the apolitical and atheoretical approach used in much of the modern science of sexuality confines women's sexual desire to a purely receptive model. Spurgas problematizes essentialist, anti-intersectional, and hetero- and cisnormative frameworks through which women's sexual desire has become a problem to be solved through self-improvement and by learning to push through feelings of low desire. Instead, Spurgas offers insights into the lives of women with low desire by attending to their experiences with inequality and trauma, and proposes a new understanding of women's sexuality—and of femininity more generally—based on prudent and critical attention to power.

KEYWORDS feminism, disability, gender, biopolitics, sexuality, trauma

Diagnosing Desire: Biopolitics and Femininity into the Twenty-First Century. By Alyson K. Spurgas. Columbus, OH: The Ohio State University Press, 2020. 290 pp. (paperback) IBSN 978-0-8142-5769-2. US List: \$34.95.

Directly countering the essentialist nature of what she calls the "new science of female sexuality," Alyson K. Spurgas's *Diagnosing Desire* takes a deeply critical approach to the concept of sexual desire and engages masterfully with intersectional feminist theories and a biopolitical lens. She argues that while the various sexological models that describe women's desire as fundamentally responsive and receptive are intended to allow sex researchers to *understand* women's sexuality, they instead *produce* a reductionist, hetero-/cisnormative, and anti-intersectional form of female sexuality that primarily exists as a problem to be solved. Moreover, this "feminized responsive desire framework" manages, regulates, and produces a certain racialized and gendered iteration of female desire which all women are expected to live by. The most pressing issue Spurgas contends with is that "trauma—including banal, everyday, and insidious forms of trauma including but also beyond childhood sexual abuse—has [gone] largely unaccounted" in the

feminized responsive desire framework and in sex researchers' attempts to solve the problem of low female desire (8).

Organizationally, Diagnosing Desire is split between historicizing and contextualizing the underlying logics of sex research through close readings of scientific and psychological texts in the first half and a chronicling of feminist engagements with sex research through themes unearthed in Spurgas's interview data in the second half. In chapter one, Spurgas surveys research on female sexuality and conceptions of femininity from the psychoanalytic models of the 1930s to the evolutionary psychological models since the 1990s. She pays special attention to how sexologists' explicitly apolitical and atheoretical research methods work to maintain the misogynistic notion of feminine sexual responsiveness to (cis) men across these analytical models and naturalize gender differences as biological innate. Chapter two is particularly insightful; Spurgas explains how psychophysiological models and gendered diagnoses—like female sexual interest/arousal disorder (FSIAD)—define healthy sex and sexuality according to taken-forgranted assumptions about gender, race, heteronormativity, and cisnormativity. In doing so, these models ignore the power dynamics and inequalities within these systems of inequality. More succinctly, chapter two highlights one of the book's central arguments: "as these researchers have sought to normalize women's responsive desire, I want to trouble that normalization [Feminized responsive desire] is normal only insofar as gender inequality in sex is normal" (72). Chapter two also elucidates the potential harm that some treatments for low desire can do to women with low desire. Behavioral and mindfulness-based therapies intended to help women ignite their sexual desires may in practice encourage women to "push through" traumatic feelings or even have otherwise undesired sex with their partner in the name of responsiveness and receptivity (97).

Chapters three, four, and five are where Spurgas analyses several recurring themes derived from her interviews, particularly her participants' experiences with sexual difference socialization— or "how we learn to have sex in gendered ways"—and the impact of that socialization on people of diverse race, gender, sexual orientation, ability, and class backgrounds (108). Chapter three shifts the book's focus from considering how researchers understand the feminized responsive desire framework to an investigation of how it feels to be a woman-with-low-desire living that framework. Spurgas presents participant after participant who express a great deal of preference for desire to precede physical arousal when having sex and notes that this is particularly salient for women who experienced sexual abuse, a point continued in chapter five. The fourth chapter considers the feminization and biologization of sexual, sensual, and caring work. Here Spurgas investigates the sexual carework that low-desiring women undertake to be both a form of compulsory self-care/self-optimization and as a form of biopolitical population control through which women-with-low desire manage their sexuality for the sake of others. In the fifth chapter, Spurgas contends that many women-with-low-desire "do, in fact, experience sexual desire, just not for the type of sex they are *expected* to have" (186, emphasis in original). She gives the example of BDSM as a space where women-with-low-desire experience profound desire, often the desire to submit, in part because BDSM culture heavily prioritizes consent and so for many of these women the fantasy of being dominated is actually a fantasy about consent and trust (186). As part of a wider desiretrauma matrix, for Spurgas's interview subjects, submitting to a sexual partner they trustand thus feeling a sense of control over their domination—can, in a world full of both overt and insidious gendered trauma, be both cathartic and sexy.

Spurgas concludes by rearticulating the potential for harm in apolitical, atheoretical models of receptive sexual desire. These models can harm the women with low desire who they seek to understand by normalizing women's subordination as a natural feature of their supposedly innate receptivity, and by proposing that the solution to low desire will be found in individualized and neoliberal forms of self-improvement. Instead, Spurgas argues for forms of care that attend to the population of women with low desire in radical, communal and trauma-and-critically-informed ways. To that end, *Diagnosing Desire* is not just a book about sexual dysfunction or any specific diagnosis, but is instead a systematic and enlightening exploration of the material-discursive regimes that produce and regulate sexual difference and femininity. Not only a timely and critical contribution to social studies of sexology and trauma, and to feminist science and technology studies more broadly, *Diagnosing Desire* demonstrates how feminist scholars across the disciplinary spectrum can engage in radically empathetic work in an approachable and appealing way.

Diagnosing Desire is the 2021 recipient of the Cultural Studies Association <u>First Book Prize</u> < https://www.culturalstudiesassociation.org/2021-winner1.html> .

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Article details

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